


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 016 ***150.00

DOCUMENT # J02654 1. Entity Name LAWMEN'S AND SHOOTERS' SUPPLY OF FT. PIERCE, INC.	
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Principal Place of Business 7750 9TH STREET SW VERO BEACH, FL 32968	Mailing Address 7750 9TH STREET SW VERO BEACH, FL 32968
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40084201



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2670429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KNIGHT, C. REED JR 7750 9TH STREET S.W. VERO BEACH, FL 32968
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KNIGHT, C. REED, JR. 7750 9TH STREET S.W. VERO BEACH, FL 32968
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Reed Knight Jr 4-23-07 772 569 8700

Date

Daytime Phone #